UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

DECLIECT DOD DO DO			
REQUEST FOR PATENT F		_	- 1 70
2 Ser	ial/Pat	tent # 1000	
3 Please refund the following fee(s):	4 PAP NUM	ER 5 DATE BER FILE	
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.	·		\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND \$		
	 	BE REFUNDED	_ <u></u>
10 REASON:	Treasury Check		
Overpayment			posit A/C #:
Duplicate Payment	,		
No Fee Due (Explanation):			
			
REFUND REQUESTED BY:			
TYPED/PRINTED NAME:	TITLE:		
SIGNATURE:	PHONE:		
OFFICE:			
**************************************	****** :		*****
APPROVED:	DATE:	Repln. Kef: 06/30/ DA#:194375 Hame/ FC: 9204	2605 PKIDWELL G01828010E Number:10520135 \$250.60 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B